

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3457 / 13636

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MOVEON.ORG POLITICAL ACTION

A. Full Name (Last, First, Middle Initial) Lloyd Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address 119 Jackson Lanee		Transaction ID: 1514334
City Barre	State MA	Zip Code 01005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Self employed	Occupation Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

B. Full Name (Last, First, Middle Initial) Lloyd Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 7
Mailing Address 119 Jackson Lanee		Transaction ID: 1579480
City Barre	State MA	Zip Code 01005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Self employed	Occupation Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

C. Full Name (Last, First, Middle Initial) Michael Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address PO Box 100		Transaction ID: 1504740
City Woodstock	State NY	Zip Code 12498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self employed	Occupation photographer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)